

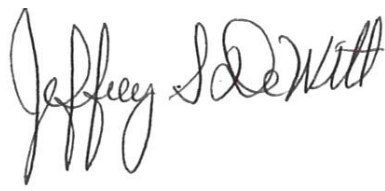
Government of the District of Columbia
Office of the Chief Financial Officer



Jeffrey S. DeWitt
Chief Financial Officer

MEMORANDUM

TO: The Honorable Phil Mendelson
Chairman, Council of the District of Columbia

FROM: Jeffrey S. DeWitt
Chief Financial Officer 

DATE: October 21, 2015

SUBJECT: REVISED Fiscal Impact Statement – Health Care Decisions Act of 2015

REFERENCE: Bill 21-171, Draft Committee Print sent to the Office of Revenue
Analysis on September 24, 2015

We have revised this FIS to reflect changes to the legislation that Council made after we issued this FIS on October 13, 2015. The cost of this bill is \$5,000 a year less than we previously estimated since the legislation no longer requires the Department of Health to provide medical bracelets to people with MOST forms.

Conclusion

Funds are not sufficient in the fiscal year 2016 through fiscal year 2019 budget and financial plan to implement the bill. The bill will cost \$173,000 to implement in FY 2016 and \$723,000 over the four-year financial plan.

Background

The bill requires the Department of Health (DOH) to create a Medical Orders for Scope of Treatment (MOST) form and encourage its use by D.C. residents. Patients use MOST forms to spell out their wishes for medical intervention, including, if they'd like, orders to not resuscitate them. MOST forms will only be available to people with serious, progressive illnesses.

Medical professionals keep MOST forms with a patient's file. DOH must study the feasibility of an electronic registry for people with MOST forms and create the registry, if feasible.

The bill requires DOH to make the public and medical professionals aware of MOST forms and encourage the use of the forms. DOH must also train medical professionals, including health care providers and emergency medical personnel, on how to use MOST forms.

To receive input on the creation of the MOST form and to help publicize the form, DOH will convene an advisory committee with representatives from the medical community, including one from the District's Fire and Emergency Medical Services Department.

Financial Plan Impact

Funds are not sufficient in the fiscal year 2016 through fiscal year 2019 budget and financial plan to implement the bill. The bill will cost \$173,000 to implement in FY 2016 and \$723,000 over the four-year financial plan.

DOH will need a program manager to coordinate the work of the MOST committee; train health care workers and emergency personnel on how to use the form; and study the feasibility of an electronic registry. To reach about 5,000 residents a year, DOH will spend about \$50,000 on public awareness.¹

Cost of Implementing Bill 21-171, Health Care Decisions Act of 2015, FY 2016 - FY 2019					
	FY 2016	FY 2017	FY 2018	FY 2019	Four-Year Total
Program manager ¹	\$123,175	\$128,102	\$133,226	\$138,555	\$523,058
Public awareness campaign	\$50,000	\$50,000	\$50,000	\$50,000	\$200,000
Total	\$173,175	\$178,102	\$183,226	\$188,555	\$723,058

Notes

¹An MSS grade 13. Cost includes fringe benefits and assumes cost increases of 4 percent a year.

These costs are in line with similar programs in other states. Iowa, which uses a Physician Orders for Scope of Treatment form, has one FTE running its program. Louisiana, which uses a similar form, has 2.5 FTEs who run the program and it has an annual budget of roughly \$225,000 (though one of the FTEs is a volunteer).

Based on the number of forms on file in other states, the Office of Revenue Analysis expects there to be about 1,000 MOST forms on file in D.C. at any given time.²

¹ The Center for Disease Control estimates that about 5,000 D.C. residents die each year. The cost estimate assumes DOH spends \$10 per person per year.

² In Oregon, there are at most 6,000 forms on file at any given time. Since Oregon's population is about 6 times that of D.C.'s, we'd expect D.C. to have about 1,000 forms on file.